



# World Health Organization

## Hospital Infection Control Guidance for Severe Acute Respiratory Syndrome (SARS)

Revised 28 March 2003

### Outpatient/triage setting

- Those presenting to health care facilities who require assessment for SARS should be rapidly diverted by triage nurses to a separate area to minimize transmission to others
- Those patients should be given a N 95 mask to wear
- Staff involved in the triage process should wear a N 95 mask and wash hands before and after contact with any patient, after activities likely to cause contamination and after removing gloves
- Wherever possible, patients under investigation for SARS should be separated from the probable cases.

### Inpatient setting

**Care for probable SARS cases** (see Case Definitions for Surveillance of Severe Acute Respiratory Syndrome (SARS))

- Probable SARS cases should be isolated and accommodated as follows in descending order of preference:
  1. negative pressure rooms with the door closed
  2. single rooms with their own bathroom facilities
  3. cohort placement in an area with an independent air supply, exhaust system and bathroom facilities
- Turning off air conditioning and opening windows for good ventilation is recommended if an independent air supply is unfeasible. Please ensure that if windows are opened they are away from public places
- WHO advises strict adherence to the barrier nursing of patients with SARS, using precautions for airborne, droplet and contact transmission
- All staff, including ancillary staff should be trained in the infection control measures required for the care of such a patient
- If possible, identify a member of the staff who will have the sole role of observing the practice of others and provide feedback on infection control
- Disposable equipment should be used wherever possible in the treatment and care of patients with SARS and disposed of appropriately. If devices are to be reused, they should be sterilized in accordance with manufacturers' instructions. Surfaces should be cleaned with broad spectrum disinfectants of proven antiviral activity
- Movement of patients outside of the isolation unit should be avoided. If moved the patients should wear a N 95 mask
- Visitors, if allowed by the health care facility should be kept to a minimum. They should be issued with personal protective equipment (PPE) and supervised
- All non-essential staff (including students) should not be allowed on the unit/ward
- Handwashing is crucial: therefore access to clean water is essential

Hands should be washed before and after contact with any patient, after activities likely to cause contamination and after removing gloves

- Alcohol-based skin disinfectants could be used if there is no obvious organic material contamination
- Particular attention should be paid to interventions such as the use of nebulisers, chest physiotherapy, bronchoscopy or gastroscopy; any intervention which may disrupt the respiratory tract
- PPE should be worn by all staff and visitors accessing the isolation unit
- The PPE worn in this situation should be:
  - N95 mask as a minimum
  - Single pair of gloves
  - Goggles
  - Disposable gown
  - Apron
  - Footwear that can be decontaminated
- All sharps should be dealt with promptly and safely
- Linen from the patients should be prepared on site for the laundry staff. Appropriate PPE should be worn in this preparation and the linen should be put into biohazard bags
- The room should be cleaned by staff wearing PPE using a broad spectrum disinfectant of proven antiviral activity
- Specific advice concerning air conditioning units will be available soon

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